



# PLUMBING PROFILE INFORMATION



**NOTE!** Complete for each school/facility building. For additional information, see the USEPA publication, "The 3Ts for Reducing Lead in Drinking Water in Schools"

Name of School/Facility: \_\_\_\_\_

Grade Levels or Ages: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Individual Project Officer: \_\_\_\_\_ Date: \_\_\_\_\_

## BACKGROUND INFORMATION

1a. What year was the original building constructed?

1b. Have any buildings or additions been added to the original facility? ☐ Yes ☐ No

2. If the building was constructed or repaired after 1986, was lead-free plumbing and solder utilized? ☐ Yes ☐ No ☐ Unknown

If yes, what type of solder was used? \_\_\_\_\_

Document all locations where lead solder was used;

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Where are the most recent plumbing repairs and replacements?

*Location*

*Description*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# PLUMBING PROFILE INFORMATION



4. With what materials are the service connection made of (the pipe that carries water to the facility from the public water system's main line) and where is it located (this is a point of entry location)?

*Material*

*Location*

---

---

---

---

---

---

5. Is there a point of entry or point of use treatment in use?

☐ Yes ☐ No

If yes;

*Type*

*Location*

---

---

---

---

---

---

6. Are there tanks in your plumbing system (pressure tanks, gravity storage tanks)?

☐ Yes ☐ No

7. Does the facility have a filter maintenance and operation program? ☐ Yes ☐ No

If yes, who is responsible for this program: \_\_\_\_\_

What is the process for adding filters? \_\_\_\_\_

---

8a. Have accessible screens or aerators on the outlets that provide drinking water been cleaned?

☐ Yes ☐ No

8b. Does the facility have a screen or aerator maintenance program?

☐ Yes ☐ No

9. Have there been any complaints about bad (metallic) taste?

☐ Yes ☐ No



# PLUMBING PROFILE INFORMATION



9. (Continued) If yes, where:

Location(s)

---

---

---

---

---

---

10a. Review records and consult with the public water supplier to determine whether any water samples have been taken in the buildings for contaminants:

Name of contaminant(s): \_\_\_\_\_

Concentration(s) found: \_\_\_\_\_

pH Level: \_\_\_\_\_

10b. Is testing done regularly at the building?

☐ Yes ☐ No

## Additional Information

1. Are blueprints of the building available? ☐ Yes ☐ No

2. Are there known plumbing dead ends, low use areas, existing leaks or other problem areas? ☐ Yes ☐ No

3. Are renovations planned for any of the plumbing system? ☐ Yes ☐ No

Further information that may be provided:

---

---

---

---

---

---

---

---



This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.